



Washington State Department of

Early Learning

Request For Fire Department Visit

This form must be kept on file at the licensed child care

Section A. Facility Information

1.Name of child care facility to be visited:			2.Provider ID #:	
3.Address:	4.City:	5.County:	6.Zip code:	
7.Contact person:		8.E-mail address:		
9.Ten digit telephone #:		10.Ten digit cell phone #:		
11.Date request was made:		12.Response given from Fire Department: <input type="checkbox"/> Visit will take place on _____ <input type="checkbox"/> Visit will NOT take place		
13.Comments/summary of discussion:				
Visited by:			Date of visit:	
Licensee Signature:				